



CONSENT FORM (PLEASE PRINT AND COMPLETE ENTIRE FORM)
WE OFFER MESSAGES, BELLY CASTING, MATERNITY/NEWBORN PHOTOS, AND BABY SHOWERS – PLEASE ASK

Client's Name _____ Date of Birth _____

Cell Phone(____) _____ - _____ Baby's Due Date ____/____/____ Appointment time _____

Address _____

City, State, Zip _____

E-Mail | _____

OB/GYN Doctor or Clinic Name _____ Phone Number _____

Are you currently receiving prenatal care? **Yes OR No** Have you had an ultrasound during this pregnancy? **Yes OR No**

Are you finding out the gender of your baby TODAY in the room? **YES OR NO** IS IT A SURPRISE? **Yes OR No**

How did you hear about us? FRIEND FAMILY GOOGLE FACEBOOK INTERNET SEARCH DOCTOR'S OFFICE
 PRIOR PREGNANCY OTHER _____

Have you been to View A Miracle before? **Yes or No** Prior Pregnancy or Current Pregnancy

How would you like your ultrasound images today? **PLEASE CIRCLE**
 Text Free **OR** USB Flash drive with just images \$5 **OR** USB Flash Drive with Images & Video \$25

CONSENT FORM, WAIVER AND RELEASE

1. Prenatal Care: I understand the services rendered today cannot substitute for the care of a physician. **Yes No**
2. Waiver & Release of Claims: I agree I shall have no right whatsoever to file any lawsuit or institute any other action or legal proceedings of any type arising out of or in any way related to my visit with View A Miracle. **Yes No**
3. Photography: I agree to the use of photos and/or video from my session today which might be selected for View A Miracle's website or social media sites. **Yes No**

Client's Signature **Print Your Name**

Witness to Signature **Today's Date**

THIS SECTION TO BE COMPLETED BY VIEW A MIRACLE

U/S Package: _____ Ultrasound Add-On: _____ Total: _____ Payment: CC Cash GC PP
SURPRISE Notes: _____ T NT
 BOY: ____% _____ T NT
 GIRL: ____% _____ T NT
 J: ____% _____ T NT
 C: ____% _____ Total: _____
 SC: ____ QB: ____ B: ____ BOX: ____ Sonographer: _____ Payment: CC Cash GC PP